



Drug addiction: A serious challenge for Punjab

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Abstract

Punjab is known for its beautiful farms, the cheerful festivals, the peaceful Gurudwaras their joyful bhangra and their appetizing Sarso Da Saag and Makke Di Roti. So, how did this ugly picture take place? Currently, nearly 75% of Punjab's youth is addicted to heroin, smack, cocaine and other drugs. Among these 75, 30% are HIV positive. According to Narcotics Control Bureau's reports, 50 percent of drug-related cases of the country are from Punjab alone.

This paper presents the challenges for Punjab from different perspectives. This paper seeks to contextualise the problem of drug addiction in Punjab.

Keywords: drug addiction, causes and measures

Introduction

Punjab represents a sacred portion of our country. The rich history of this ancient land has given its people a sense of native pride. Punjab was a blessed region of India that once stood witness to countless victories and triumphs. Only a decade ago Punjab, one of the wealthiest states in India at the time, was heralded as one of the country's crown jewels. Punjab with a per capita income of Rs 25,652 is the second richest in the country. What has instead put Punjab in the national headlines is a drug epidemic that has swept across the state, accompanying the decline in economic growth. The extent to which the problem is specific to the state can be seen from the fact that roughly 60 per cent of all illicit drugs confiscated in India are seized in Punjab.

Drug addiction, a self-inflicted and compulsively self-perpetuated disease has assumed almost epidemic proportion and become a major public and social health problem impeding the progress of the affected individual, his family and the society at large. The menace of drug abuse is worse in Punjab than the rest of the country.

Drug

The word drug has a variety of meaning, depending upon the surrounding circumstances. The drug for many people means simply something which a doctor prescribes for treatment of a disease or which one can buy for the same purpose from a drug store without prescription. The drug include within their ambit substance such as heroin and morphine, which were originally and are still used medically for treatment or pain but are now also manufactured and sold illegally for pleasure producing agents

Addiction

Addiction may be explained in terms of three important concepts: tolerance, physical dependence and psychological dependence. When a person needs increasing doses of a drug

in order to get the desired effect (intoxification), tolerance sets in, i.e. the body adapts to the drug. When the user's body becomes totally dependent on the drug with its prolonged use, the condition is defined as physical dependence. Psychological dependence mainly refers to the persistent craving for the drug as the person gets mentally "hooked on" to the drug.

Drug Addiction

A drug addict has an overwhelming craving for the drug to which he or she is addicted, and this craving is a two-headed motivational monster. Initially the addict seeks the pleasure produced by the drug through curiosity but then must seek relief from the pain and torment of not having the drug. These tandem motivational factors make it difficult to break away from even a life-threatening addiction.

Thus drug addiction, entails both a psychological and a physiological reaction to a chemical substance consumed or used to produce pleasurable effects or to avoid pain or discomfort. The addiction pertains 4 aspects i.e. habituation, tolerance, physical dependence and euphoria.

Habituation or habit formation means a psychological dependence on the use of a drug because of the relief from tension and emotional discomfort that it affords. Habituation refers to regular use of drugs that do not entail physiological dependence

By Tolerance it means a declining effect of the same dose of a drug when it is administered repeatedly over a period of time. As a result it is necessary to increase the dose, in order to obtain the original degree of effect.

Euphoria is the state of wellbeing, relaxation, happiness and pleasure created by the drug within the individual. It is expressed in terms of 'high' and 'kicks'. It is a common belief that without euphoria there would be no addiction, since it is the condition the user wants to achieve again and again and sometimes constantly

Physical dependence refers to an altered physiological state brought about by repeated ingestion or administration of a drug in order to prevent the appearance of characteristic illness called as 'abstinence syndrome'. The recent tendency is to substitute the term 'physical dependence' for addiction and the term 'psychological dependence' for habituation.

Causes for Drug Addiction in Punjab

Economic condition

The changing economic situation and the lack of employment opportunities have led to situations of unrest, for instance, in the form of campaigns for reservation in government jobs. The menace of drug addiction is only a symptom of the larger malaise afflicting our economic policy which has failed to create adequate employment opportunities. Such incidents of unrest are now finding an echo in other states as well and it is high time the central government came out with a strategy to tackle the unemployment problem. Unfortunately, there is hardly recognition of the problem, leave alone a strategy to deal with it.

Unemployment among youth

Punjab has faced a slowdown in agricultural productivity, a mismatch between educational qualifications of high school graduates and the skills required as an agricultural labourer, a "demand for migrant labourers instead of local labourers and stagnating incomes in the sector. All these have meant that farm jobs are no longer an attractive option for Punjab's growing mass of increasingly educated rural youth. Unemployment of Punjab's educated rural youth has left them with little to do – indulging in drugs possibly provides a way to while away the time. But time alone fails to explain the inclination towards drugs. In the case of Punjab, however, it is the reaction to unemployment of those who enjoy a fair degree of prosperity in both financial and cultural terms that may be the influencing factor.

Masculinity and Consumption

The notions of strength, endurance and performance contained within this desire link closely to the traditional forms of Punjab masculinity. This suggests that drug abuse is, at least in part, practised for both the display of, and the consequent realization of, masculine identity.

Familial Factors

The relationship between family dysfunctioning and addiction is significant. Family disruption (divorce, fights, acute or chronic stress) make the members unstable and increase the probability of becoming prone to drug addiction. Marital conflicts, role conflicts and home management problems are contributing risk factors. Mostly the adolescent addicts who come from families with addicted parents or/and sibs, have significantly higher incidence of addiction.

This paper has attempted to portray the state of Punjab in India as an extreme and exceptional case of drug addiction. The contextual factors identified include conceptions of Punjabi masculinity, the declining growth rates of Punjab's rural economy, the influx of migrants, the impact of unemployment on educated rural youth, and the culture of

aspiration and expectation that has traditionally been associated with the Punjabi community.

Indian society has been undergoing rapid modernization, globalization and economic growth. Fragmentation of family, disintegration of traditional social system and control, all result into the complex changes that have bearing on drug addiction and social behavior. Values are fading and we are adopting different style of life- a fluid cultural norm, with lot of mental and social strains, many of which are of new kind. The youths are migrating for better pastures. Most of the people are becoming self centered, selfish, opportunist and declining in moral values. Many families have taken alcohol consumption as status symbol for themselves and their wards get hooked to addiction in a very short time. The menace of addiction among the youth in our region, especially in the rural areas, has reached alarming levels. Much of this can be attributed to the lack of understanding of this as a disease and thus denial of proper treatment to the addicted. "Addiction need to be tackled whole heartedly by medical, familial, societal, political, legal and spiritual means.

We must take measures to channelize and save our resources. Followings are some of the recommendations

1. The Government can envisage a skill development, training and placement program which will target unemployed graduates
2. The Government could establish drug de addiction centres that should follow statutory procedures for treating drug addicts which are largely based on internationally accepted best practices such as the WHO's Principles of Drug Dependence Treatment
3. Village Panchayats should be encouraged to implement the drug abuse prevention programmes by giving them incentives.
4. Educational institutes must depute counsellors to identify the vulnerable youth.
5. Governments must take necessary measures to check the drug trafficking across the borders.

References

1. Chassin L, Collins RL, Ritter J, Shirley MC. Vulnerability to substance use disorders across the life span. In R.E. Ingram and J.M. Price (Eds.), *Vulnerability to psychopathology: Risk across the lifespan*, New York: Guilford, 2001, 165-172.
2. Clausen JA. *Drug Addiction in Contemporary Social Problems*. New York: Merton/Nisbe, 1966.
3. Clayton J. Mosher. *Drug and Drug Policy. The Control of Consciousness Alteration*. New York: Sage Publications, 2007.
4. Cooper ML, Frone MR, Russell M, Mudar P. Drinking to regulate positive and negative emotion: A motivational model of alcoholism. *Journal of Personality and Social Psychology*. 1995; 69:961-974.
5. *Diagnostic and Statistical Manual of Mental Disorders*. Fourth Edition. Washington D.C.: American Psychiatric Association, 2000.
6. Dutta S. Green Revolution Revisited: The Contemporary Agrarian Situation in Punjab, India, *Social Change*. 2012; 42(2):229-247.

7. Ramachandran H. Extent of Unemployment in the Border Districts of Punjab: A Study of Amritsar District, New Delhi: Institute of Applied Manpower Research, 2002.
8. United Nations Office on Drugs and Crime, World Drug Report 2014 (United Nations publication, Sales No. E.14.XI.7). Available at: <http://www.unodc.org/wdr2014/en/druguse.html>
9. <https://timesofindia.indiatimes.com/city/chandigarh/Punjab-second-richest-state-in-country-CII/articleshow/605728.cms?referral=PM>
10. <https://www.barusahib.org/Assets/Publications/drugaddiction.pdf>